

LBNL Laser Operations Audit Form

Rev Jan 2013

AHD # _____

Administration Information

AHD Title _____

Auditor _____	Date _____	PI _____	Division _____
Work Leader _____	Building _____		Room _____
Present during audit _____			

Documentation

All Lasers in use (active) listed in AHD (circle)	Yes	No	
New laser(s), list with specifications on last page	Yes	No	
Inactive/ In storage lasers	Yes	No	Other _____
Class 3B or Class 4 lasers present in non-commercial systems operated as a Class 1 system product	Yes	No	
If Yes, is there documentation of the system evaluation	Yes	No	

Laser Information

Highest Class Laser	3B	4	
Alignment Lasers in use:	Yes	No	Type: HeNe Diode IR Class: _____

Environment

	YES	NO	NA	NOTE
Main entrance Door Posted				
Posting accurate (wavelength)				
Contact information				
Readily visible				
Ancillary doors				
Entry through curtain				
Windows and doors coverings				

Illuminated sign

Functional:	Yes	No	Visibility:	Bright	Average	Dim
Interlocked to: _____						

Access control

Administrative means:	Card Key	Lock	Keypad-lock	Other
Explain _____				
Interlocked: _____				
Type:	Non Defeatable	Defeatable		
Outside bypass available (circle)	Card key	Key pad	Key	Other
Emergency stop present :	Inside	Outside		

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Environment cont...,	YES	NO	NA	NOTE
Interlock functioning				
Last interlock check date:				
Written Interlock check procedure				
Interlock to shutters				
Interlock to power supply				
Housekeeping				
On optical table				
In laser use area				
Under tables				
Space at Beamline (ALS only)				
Room Light Levels Normal Low Dark Varies				
Unattended Operation				
Explain				
Beam Path				
Beam path (circle) Totally open Completely enclosed Combination				
Lasers & optics secured to table				
Beam properly contained				
Beam blocks Secured Loose				
Perimeter guards				
Table top enclosures				
Beam Tubes				
Other means (describe)				
Use of remote viewing cameras				
Beam in line with workstations				
Reflections contained, specular as well as diffuse				
Beams blocked from directly exiting open door or window				
Beams required to leave table?				
Crosses walk way (controls in place)				
Describe				
Passes into adjacent room/chamber				
Describe means and controls				
Non-essential materials out of beam path				
Upward directed beams				
Blocked				
Vertical beam hazard labels used				
Collecting optics used in room				

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	YES	NO	NA	NOTE
Fiber optics in use: Bare Jacketed (Plastic, Armor) Totally Enclosed System				
<u>Fiber ends labeled</u>				
<u>Container for sharps, labeled properly</u>				
<u>Fiber conduit labeled</u>				
Personnel Factors				
<u>Laser eye exam by all laser personnel</u>				
<u>Laser safety training current</u>				
<u>OJT process documented</u>				
<u>Has staff signed off on AHD? (only applies to active AHDs)</u>				
Laser Protective Eyewear				
<u>Correct eyewear available (OD & wavelength)</u>				
<u>Proper storage, where outside use area inside use area</u>				
<u>Sufficient quantity on hand</u>				
<u>General Condition of eyewear Very Good Good Fair Damaged</u>				
<u>OD & Wavelength readable</u>				
<u>Skin protection</u>				
Process Interaction				
<u>Are gases/vapors/fumes controlled?</u>				
<u>Using Oxygen Deficiency gases</u>				
Electrical items <u>Optical tables grounded?</u>				
Seismic concerns <u>Table(s), work area secured</u>				

Additional comments and notes
